[SENDER’S ADDRESS]

[DATE OF LETTER]

Dear StARR Program Directors:

As director of the UCSF [NAME OF RESIDENCY] residency program, I confirm that [NAME OF CANDIDATE] is eligible for the StARR program by virtue of being a resident of good standing in our program.

[NAME OF CANDIDATE] is proposing to pursue StARR as a [PGY3/PGY4/PGY5/OTHER] year, which can be accommodated by our program.

If selected, our residency program or department will provide 20% salary support for this resident during the StARR year and will arrange for this resident to devote 20% effort to clinical activities. I understand that residents’ time spent on clinical care cannot exceed 20% during the StARR year.

According to the agreement made between our department and the StARR program directors, our program or department will also cover the costs of the resident’s benefits if needed during the StARR year.

In the event that the resident does not have formal didactic training in research and needs to pursue the One-year Training in Clinical Research Workshop or the Advanced Training in Clinical Research (ATCR) certificate program as a StARR scholar, our department may be asked to contribute limited cost-sharing for One-Year TICR Workshop or ATCR fees.

Thank you for your consideration.

Sincerely,

[SIGNATURE OF RESIDENCY DIRECTOR]

[NAME OF RESIDENCY DIRECTOR]